Fill in this information	to identify your case:	
Debtor 1	Heather Rene White	
Debtor 2 (Spouse, if filing)		
United States Bankrup	ptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number 1:2	23-BK-02554-HWV	Check if this is: ■ An amended filing □ A supplement showing postpetition chapter
Official Form	n 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Supervisor	self-employed
	Include part-time, seasonal, or self-employed work.	Employer's name	Select Employment Services, Inc.	
	Occupation may include student or homemaker, if it applies.	Employer's address	4714 Gettysburg Road Mechanicsburg, PA 17055	
		How long employed t	here? 10 Years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,034.54 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Page 1 of 4

Main Document

Debtor 1 Heather Rene White Case number (if known) 1:23-BK-02554-HWV For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 6,034.54 \$ 0.00

List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 908.03 0.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 98.80 0.00 5d. Required repayments of retirement fund loans 5d. \$ 226.50 0.00 Insurance 5e. 5e. 1,172.54 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5q. \$ 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 \$ 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 2,405.87 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. \$ 3,628.67 0.00 List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 2,821.11 8b. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 8e. **Social Security** 8e. 0.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 \$ 0.00 8g. Pension or retirement income \$ \$ 8g. 0.00 0.00 Other monthly income. Specify: Overwithholding Adjustment 8h.+ \$ 8h. 378.75 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 2,821.11 378.75

10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4.007.42 \$ 2.821.11 \$ 6.828.53 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

6,828.53 12. Combined monthly income

0.00

13. Do you expect an increase or decrease within the year after you file this form?

-	-		
	No.		

Yes, Explain:

Schedule I: Your Income Official Form 106I page 2 Doc 23 Filed 01/23/24 Entered 01/23/24 14:18:38 Case 1:23-bk-02554-HWV Desc Main Document Page 2 of 4

ΞIII	in this informa	ation to identify yo	ur case:			I		
		-						
Deb	otor 1	Heather Rene	White			Che	eck if this is: An amended filing	
Deh	otor 2						ŭ	wing postpetition chapter
1	ouse, if filing)							f the following date:
Unit	ted States Bankr	ruptcy Court for the:	MIDDLI	E DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Cas	se number 1:	23-BK-02554-H	I WV					
(If k	nown)							
0	fficial Fo	orm 106J						
S	chedule	J: Your E	Exper	ISAS				12/1:
Be info	as complete ormation. If member (if know	and accurate as	possible. eded, atta y question	If two married people ch another sheet to thi				
1.	Is this a joir		<u>IIOIG</u>					
	■ No. Go to	o line 2. es Debtor 2 live i	n a conar	ata hausahald?				
	☐ res. Doe		n a separ	ate nousenoid?				
	=		t file Offici	al Form 106J-2, <i>Expens</i>	es for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		14	Yes
					Son		16	□ No
					3011			■ Yes □ No
					Son		18	■ Yes
								_ □ No
							<u> </u>	☐ Yes
3.	expenses o	penses include If people other th d your depender	nan 🗖	No Yes				
Est	imate your ex		our bankrı	uptcy filing date unless				apter 13 case to report of the form and fill in the
the		h assistance and		government assistance luded it on <i>Schedule I</i> .			Your exp	penses
4.		or home owners!		ses for your residence r lot.	. Include first mortgage	e 4.	\$	1,513.00
	. ,	ded in line 4:	<u> </u>					
	4a. Real e	estate taxes				4a.	\$	0.00
		erty, homeowner's	, or renter	's insurance		4a. 4b.		0.00
		maintenance, re	•			4c.	·	170.00
F		owner's associati			nome ogsåtsterer	4d. 5.	·	0.00
5.	Auditional f	nortyage payme	ine for yo	our residence , such as l	iorne equity loans	5.	φ	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debt	tor 1 Heather Rene White	Case number (if known)	1:23-BK-02554-HWV
6.	Utilities:		
-	6a. Electricity, heat, natural gas	6a. \$	455.00
	6b. Water, sewer, garbage collection	6b. \$	151.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	380.00
	6d. Other. Specify:	6d. \$	0.00
	Food and housekeeping supplies	7. \$	1,395.00
	Childcare and children's education costs	8. \$	240.00
	Clothing, laundry, and dry cleaning	9. \$	150.00
	Personal care products and services	10. \$	150.00
	Medical and dental expenses	11. \$	
	·	П. Ф	356.00
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	479.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	149.00
	Charitable contributions and religious donations	14. \$	-
	•	14. Φ	0.00
-	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20	•	
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15a. \$	
		· ———	0.00
	15c. Vehicle insurance	15c. \$	235.00
	15d. Other insurance. Specify:	15d. \$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 o Specify:	16. \$	0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. \$	350.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
	Your payments of alimony, maintenance, and support that you did not	·	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Fo		0.00
	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
	Other real property expenses not included in lines 4 or 5 of this form o		
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
		21. +\$	
	Other: Specify: Pet cost	Z1. +\$	120.00
	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	6,293.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form	106J-2 \$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	6,293.00
2	Coloulate your monthly not income		·
	Calculate your monthly net income.	00 - A	0.000.50
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,828.53
	23b. Copy your monthly expenses from line 22c above.	23b\$	6,293.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	535.53
	Do you expect an increase or decrease in your expenses within the year For example, do you expect to finish paying for your car loan within the year or do you modification to the terms of your mortgage? No.		crease or decrease because of a
	Yes. Explain here:		